

FOOD STAMP BUDGET WORKSHEET

CASE NAME	COMPANION CASE REFERENCE	CASE NUMBER	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS
CERTIFICATION PERIOD FROM THROUGH	CHANGE REPORT <input type="checkbox"/>	QR 7 <input type="checkbox"/>	MID-QUARTER REPORT <input type="checkbox"/>

PART 1 - INCOME FOR CHANGE REPORTING (CR) AND QUARTERLY REPORTING (QR) HOUSEHOLDS

A. NONEXEMPT GROSS EARNED INCOME	GROSS SALARY/WAGES	SELF EMPLOYMENT	TRAINING ALLOWANCE	
1. Month 1/Year _____/____	\$ _____	\$ _____	\$ _____	
2. Month 2/Year _____/____	\$ _____	\$ _____	\$ _____	
3. Month 3/Year _____/____	\$ _____	\$ _____	\$ _____	
4. Total Gross Earned Income (A1 + A2+ A3)				Total \$ _____ (A4)
5. QR Averaged Gross Earned Income (A4 ÷ number of months)				Total \$ _____ (A5)

B. NONEXEMPT GROSS UNEARNED INCOME	CASH AID	SOCIAL SECURITY, UIB, DIB, PENSIONS	CHILD/SPOUSAL SUPPORT	SCHOLARSHIPS, GRANTS, LOANS	OTHER	
1. Month 1/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
2. Month 2/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
3. Month 3/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
4. Total Gross Unearned Income (B1 + B2 + B3)						Total \$ _____ (B4)
5. QR Averaged Gross Unearned Income (B4 ÷ number of months)						Total \$ _____ (B5)

PART 2 - GROSS INCOME TEST FOR CR AND QR REPORTING HOUSEHOLDS

C. GROSS INCOME TEST			
1. Maximum Gross Income allowed for Household Size of _____ (from table)	\$ _____		
2. Total Gross Income (A4 + B4) or (A5 + B5) =	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Gross Income Eligible? (Is C2 less than or equal to C1?)			Total \$ _____ (C3)

PART 3 - NET INCOME

D. NONEXEMPT GROSS INCOME	DOCUMENTATION
1. Gross Earned Income (A4 or A5)	
2. Adjusted Gross Earned Income (80% of D1)	
3. Total Gross Unearned Income (B4 or B5)	
4. Nonexempt Gross Income (D2 + D3)	
E. EXCESS MEDICAL EXPENSES (Special Medical)	
1. Expected Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses.	<input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____ (Stable income)
2. Limited Period Expenses (Occurring during only a portion of the certification period). Include limited averaged expenses.	<input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____ (Stable income)
3. Total Allowable Expenses (E1 + E2)	
4. Less Medical Expense Allowance (\$35)	
5. Excess Medical Expenses (E3 - E4)	
F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER AND CHILD SUPPORT DEDUCTIONS	
1. Standard Deduction	
2. Dependent Care	<input type="checkbox"/> Dependent Care
Child(ren) Under Two	<input type="checkbox"/> Child Support
Other Dependents & Child(ren) 2 and Over	<input type="checkbox"/> Medical Expense
Total Dependent Care Deductions	
3. Homeless Shelter Deduction	
4. Child Support Deduction	
Total Legally Obligated Child Support Paid Out by Household	
5. Averaged Excess Medical Expenses	
6. Total Deductions (F1 + F2 + F3 + F4 + F5)	
G. ADJUSTED NET INCOME	
1. Nonexempt Gross Income (D4)	<input type="checkbox"/> Utilities
2. Total Deductions (F6)	<input type="checkbox"/> Actual (Averaged over cert. period)
3. Adjusted Net Income (D4 - F6) or (G1 - G2)	<input type="checkbox"/> SUA
H. SHELTER DEDUCTION	
1. Total Housing Costs	
2. Total Utility costs (Actual or SUA)	
3. Total Shelter costs	
4. Allowable Shelter costs (50% of G3)	
5. Excess Shelter costs (H3 - H4)	
6. Maximum Allowance For Shelter	<input type="checkbox"/> Housing
7. Allowable Shelter Deduction (Lesser of H5 or H6)	
I. NET MONTHLY INCOME (G3 - H7)	
J. NET INCOME TEST	
1. Household Size	
2. Maximum Net Income Allowable (from table)	
3. Net Income eligible	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART 4 - BENEFITS

ALLOTMENT	SUPPLEMENT	E.W. Initials/Date
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K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)		PAYMENT QUARTER	PAYMENT QUARTER
		1. Quarter/Month's Resources \$ _____ 2. Additional Resources (specify) a. _____ b. _____ c. _____ 3. Subtotal (K1 + K2a + K2b + K2c) \$ _____ 4. Resources Sold, Traded or Given Away (specify) a. _____ b. _____ c. _____ 5. Subtotal (K4a + K4b + K4c) \$ _____ 6. Current Resources (K3 - K5) \$ _____ 7. Resource Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ _____ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
PART 5—INCOME COMPUTATIONS		PAYMENT QUARTER	PAYMENT QUARTER
L. SELF-EMPLOYMENT (Nonexempt Resources Only)		1. Gross Income from Self-Employment \$ _____ 2. Expenses: <input type="checkbox"/> Standard 40% Deduction <input type="checkbox"/> Actual Expenses (Verification Required) \$ _____ 3. Total Nonexempt Income from Self-Employment If averaging self-employment income go to L7. If adjusting a previous average, continue to L4. \$ _____ 4. Adjustment to Gross Income \$ _____ 5. Adjustment to Expenses \$ _____ 6. Adjusted Self-Employment Income (L3 + L4 + L5) \$ _____ 7. Monthly Self-Employment Income (L3 or L6 ÷ number of months income covers) \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
M. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS		PAYMENT QUARTER	PAYMENT QUARTER
1. Income from Grants, Scholarships or Loans 2. Tuition and Mandatory Fees 3. Total Nonexempt Educational Income (M1 – M2) 4. Monthly Income from Grants, Scholarships or Loans (M3 ÷ number of months income covers)		\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____
PART 6—REPORTED CHANGES (Other than the QR 7 or DFA 377.5)			
Type of Change			
Date Change Occurred			
Date Change Reported			
EW Initials			